

# An Assessment of the Awareness of Sexual and Reproductive Rights among Adolescents in South Western Nigeria

Munirat Ayoka Ogunlayi

## ABSTRACT

This study, conducted in Ikeja and Ikorodu Local Government Areas of Lagos State, examined the awareness of sexual and reproductive rights among adolescents in south-western Nigeria. A total of 600 in-school and out-of-school adolescents were interviewed using quantitative and qualitative methods. The study revealed that majority of the adolescents were aware of sexual and reproductive health rights (60.3% in Ikeja LGA and 62.3% in Ikorodu LGA) but lacked knowledge of contents of the rights. Majority of them in various categories (by school condition and type of settlement) were not aware of sexual and reproductive health programmes being implemented for adolescents. In addition, those who were aware of such intervention programmes could not access or use the services due to certain sociocultural barriers. The study recommends formulation of appropriate intervention strategies and programmes for adolescents so that they may be aware and knowledgeable of their sexual and reproductive rights. (Afr J Reprod Health 2005; 9[1]: 99–112)

## RÉSUMÉ

Evaluation de la conscience des droits sexuels et de reproduction chez les adolescents au sud-ouest du Nigéria. Cette étude qui a été menée au sein des administrations locales d'Ikeja et d'Ikorodu dans l'Etat de Lagos, a examiné la conscience des droits sexuels et de reproduction chez les adolescents au Sud-ouest du Nigéria. A l'aide d'une technique d'échantillon aléatoire, 600 répondants au total ont été interviewés. Nous avons organisé 12 discussions à groupe cible (DGC) parmi les adolescents qui étaient des internes et des externes à l'école. L'étude a montré que la majorité des adolescents étaient au courant des droits sexuels et de reproduction (60,3% dans l'administration locale d'Ikeja et 62,3% dans l'administration locale d'Ikorodu) mais étaient ignorants du contenu des droits. La plupart d'entre eux dans les catégories différentes (selon les conditions de l'école et selon le genre d'habitation) n'étaient pas au courant des programmes de la santé sexuelle et de reproduction qu'on mettait en place en faveur des adolescents. De plus, ceux qui étaient au courant de tels programmes ne pouvaient pas avoir accès aux services et ne pouvaient pas s'en servir à cause des certains obstacles socio-culturels. L'étude préconise la formulation des stratégies et des programmes d'intervention appropriés pour les adolescents pour qu'ils puissent avoir la conscience et qu'ils puissent y connaître en matière de leurs droits sexuels et de reproduction. (Rev Afr Santé Reprod 2005; 9[1]: 99–112)

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KEY WORDS: Adolescents, in-school, out-of-school, sex, rights, barriers

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## Introduction

In the last few years, interest in adolescent health has begun to grow in developing countries. Concern about their sexual and reproductive health is great, partly because of real or perceived increases in their sexual activity and rates of pregnancy outside marriage, and partly because of high rates of HIV infection among adolescents.<sup>7,11,21</sup> Despite the near universal adult discomfort with the subject, consensus has begun to build in many countries that young people need expanded information, skills and services concerning sexual and reproductive health.

Concerns within the health community about the alarming increase in the numbers of HIV infected youth, particularly females, have led to research on adolescent sexual behaviour and reproductive health. Adolescents' knowledge of reproductive biology and health is critical to their ability to protect themselves from unwanted reproductive outcomes. While such knowledge is not sufficient to prevent such outcomes, it is the right and need of every adolescent to possess this information.

In addition, research conducted in 1992 on policies and legislation affecting adolescents in Nigeria revealed that adolescents were far from being accorded the basic expected human rights as stated in the internationally agreed instruments formulated by the United Nations.<sup>14</sup> Since they are members of the family, which is a unit of the society, they deserve some fundamental human rights to promote their health.

## Literature Review

In recent decades, most nations have come to recognise and accept the right of their citizens to reproductive health. Accordingly, they have signed treaties and accords, and endorsed the programmes of conferences on population and development. Speaking of adolescents, the Programme of Action is quite specific. ICPD (1994) paragraph 7.44 calls on countries to "address adolescent sexual and reproductive health issues, including

unwanted pregnancy, unsafe abortion and STDs, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically for that age group in order to substantially reduce all adolescent pregnancies".

It must be realised that 1994 Cairo ICPD marked a turning point for reproductive health. For the first time, sexual and reproductive rights were internationally recognised by governments, as contained in the international human rights documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children. They also rest on the right to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. Males and females have the right to be informed and have access to safe, effective, affordable and acceptable methods of their choice for the regulation of fertility, as well as access to health care for safe pregnancy and childbirth.

Respecting adolescents involves according them the right to participate in making decisions that affect their lives and the lives of their communities, including the right to share in the process of making decisions about their sexual well being. Although it would be naive to think that children making their own decisions will solve everything, it is important to include their meaningful participation in constructing a healthy culture of their own sexual relationship. Possibly, only through the institution of more democratic forms of adolescents' participation will they be able to enter into a real partnership with adults and ultimately be in a position to safeguard their health and make responsible decisions in their own interests.<sup>17</sup>

The above stated reproductive health problems, i.e., unintended pregnancies and incidence of STDs/HIV/AIDS, which are associated with adolescents in developing countries particularly Nigeria, were not unconnected with problems

relating to accessibility of the vulnerable group to predisposing factors. Some elements of research findings and reports on the reproductive health information and services have been documented. The findings have established that educational level exerts a great influence on childbearing during the teen years. About 43.4% of Nigerian women with no education give birth before age 20 years, compared with 6.9% of women with seven years of education.<sup>18</sup> Though over the past 15 years there has been little decline in the rates of teenage fertility in Nigeria.<sup>16</sup>

The aforesaid influence of education and information on teenage pregnancy has close bearing to knowledge on contraception. Although adolescents' knowledge of contraception is increasing, their use lags far behind.<sup>16</sup> Among unmarried sexually active young women in Nigeria, 11% use such methods. In a study of oral contraceptive use among female students aged 15–29 years, 92% were aware of the method, yet only 17.5% had ever used it, and post-coital pills were the most popular.<sup>1</sup> It is clear that services are required to meet adolescents' reproductive health needs, yet adolescents throughout the world face limited access to such services. Young people's inexperience in when and how to use contraception, their lack of perception of it as relevant to their needs, and their expectation of a negative reaction was reviewed.<sup>20</sup> It could then be confirmed that there is a great unmet need for services, but awareness and psychological access are essential. Several studies in Africa have reported difficulty in obtaining contraception, infrequent or unplanned sexual activity, opposition from partner and religious proscription<sup>2,4,12</sup> as the main reasons for low adoption of contraceptive usage. The above indices of adolescents' health status in Nigerian states have suggested the need for individuals to accord adolescents the universal right to sexual and reproductive health, in order to reduce the risks of teenage pregnancies, STDs and HIV/AIDS.

One of the issues to be recognised by the Programme of Action, according to Family Care International<sup>6</sup>, is the needs and rights of adolescents to receive information and services. This is to enable them to manage their sexual and reproductive lives in a responsible and informed way, for them to lead healthy and fulfilling lives.<sup>5</sup> Identified lack of information or misinformation, adverse traditional practices, inaccessible and costly health care services and high fertility are the most important determinants of reproductive health in Nigeria.

A big challenge that therefore lies ahead, according to IPPF,<sup>8</sup> is further expansion into the areas of reproductive and sexual health as an integral component, knowing only too well how complex and culture-bound the issue of sexual health is. Having justified the need for adolescents to access information and services, this study was conducted to assess and compare the knowledge of sexual and reproductive rights among adolescents.

## Study Areas

The study was carried out in Lagos State, south-west Nigeria. Two local government areas (LGAs), Ikeja and Ikorodu, were used as study sites. These LGAs were chosen because of their level of urbanisation and rurality. Ikorodu LGA has a population of 181,914 (1992 provisional census figure). It is about 36km north-east of Lagos and 26km from Ikeja, the state capital. There are over 200 notable villages in Ikorodu LGA, which include the study sites, namely, Baiyeku, Gberigbe-Orelade, Imota and Odogunyan. The people's predominant occupations include farming, fishing, hunting, with a considerable proportion engaging in trading and white-collar jobs. The population consists mainly of Yoruba, with other ethnic groups such as Ibo and Hausa making up a substantial minority. Health care facilities were cited in these villages but none provided youth-friendly sexual and reproductive health services. There were 14 public secondary

schools and five government-approved private secondary schools as at the time of the study.

The history of the present Ikeja LGA is dated back to 1927 when the colonial government introduced tax collection. Since then, there has been a lot of metamorphosis and rationalisation that led to the re-creation of Agege, Shomolu, Mushin and Alimosho LGAs, which were carved out of the then Ikeja Division. Consequently, the present Ikeja LGA is bounded in the north by Agege LGA, in the south by Oshodi-Isolo and Mushin LGAs, in the east by Shomolu LGA, and on the west by Alimosho LGA. It has a population of 203,383 (1991 Population Census). The headquarters of Ikeja LGA is Alausa. It is worthy to note that Ikeja LGA is also the capital of Lagos State. Basically, Ikeja LGA has various (24) communities, some of which constitute the study sites, namely, Agidingbi, Abule Onigbagbo, Olusosun and Ijaiye-Ogba. The LGA is highly urbanised, the people are engaged in white-collar jobs, trading and other economic activities, with the major media houses in Lagos State located in it. Some of these include Daily Times of Nigeria, Lagos State Television, Eko FM and Murhi International Television (MiTV). These media houses have one programme or the other on youth including reproductive and sexual health.

There were many health care facilities evenly distributed in the area, including privately owned hospitals and non-governmental organisations that focus on reproductive health. There are 13 public and 16 private secondary schools approved by government in the state.

Ikeja LGA was chosen because of its outstanding development and availability of infrastructure and because it is mainly a Yoruba community with different ethnic groups inhabiting the LGA. It thus enhances objective comparative analysis with the other LGA. On the other hand, Ikorodu LGA was chosen because of its level of rurality, as some of the communities lack certain infrastructures that are abundantly available in Ikeja LGA.

The two areas are different in terms of development, occupation, population and availability of infrastructures, cultural diversities and differential youth-friendly health care facilities.

## Methodology

A multistage sampling technique was adopted to select the study population. Six hundred respondents, spread over the four schools selected and out-of-school adolescents, in rural and urban areas of Lagos State were selected for the study. Selection process was at four levels, mostly among the in-school adolescents. One rural and one urban LGA each were selected including both public and private secondary schools. The study schools were randomly selected in each LGA. The systematic sampling technique was used to select in-school adolescents in the selected schools to eliminate bias, while random sampling technique was used for sampling out-of-school adolescents, as some of them were not together as a group.

## Data Collection

Data was collected using structured questionnaire and focus group discussions (FGDs). These provided information on knowledge, attitude, belief and practices related to sexual and reproductive rights of adolescents. The questionnaire was administered to both in-school and out-of-school adolescents in the two LGAs. Questions were asked on the socio-demographic characteristics of respondents, awareness and knowledge of sexual and reproductive rights, sources of reproductive health information, relationship between adolescents' sexual and reproductive rights, and development and strategies for improving awareness about adolescents' sexual and reproductive rights. The questions were short and easy to understand. The author and some research assistants who understand the local languages administered the questionnaire after training and participation in the pre-test survey rehearsal.

The study population included both male and female in-school adolescents aged 10–19 years and out-of-school adolescents aged 15–19 years. Altogether, 600 copies of the questionnaire, which were found to be valid, were processed and analysed.

Focus group discussion was used to complement data obtained from the questionnaire. Twelve FGD sessions were conducted. Each group discussion lasted for a minimum of 40 minutes and a maximum of one hour, depending on the response rate of participants and new insights from their discussions. At the end of each session, the recorder updated the notes and transcribed the tape recordings before submitting to the researcher who reviewed them.

### Data Analysis

The data analysis examined social, cultural, economic and demographic factors responsible

for knowledge and awareness of adolescents on their sexual and reproductive rights. The qualitative and quantitative data were integrated. The result of the FGDs was used in content analysis to observe frequencies and how normative and behaviour factors that influence sexuality and reproductive rights are emphasised.

Quantitative analysis was carried out after data cleaning and re-classification of some continuous variables had been done. The analysis focused on sets of variables: the antecedent socio-cultural background, indicators for sexuality and reproductive rights, reproductive health needs of young people, and relationship of adolescents' sexual and reproductive rights and development. Univariate and bivariate analyses were done using SPSS software.

Univariate analysis involved the use of simple statistics to examine the distribution of respondents according to some socio-cultural,

Table 1 Socio-Demographic Characteristics of Respondents (%)

Characteristic	Ikeja LGA			Ikorodu LGA		
	In-school	Out-of-school	Total	In-school	Out-of-school	Total
Sex						
Male	33.4	19.0	52.4	39.7	16.6	56.3
Female	33.3	14.3	47.6	27.0	16.7	43.7
Total	66.7	33.3	100.0	66.7	33.3	100.0
Age						
10–14	8.0	–	8.0	10.7	–	10.7
15–19	58.7	33.3	92.0	56.0	33.3	89.3
Total	66.7	33.3	100.0	66.7	33.3	100.0
Educational attainment						
No school	–	0.4	0.4	–	4.3	4.3
Koranic school	–	0.6	0.6	–	–	–
Primary	–	8.3	8.3	–	13.0	13.0
JSS	3.0	8.7	11.7	5.4	7.3	12.7
SSS	63.7	15.3	79.0	61.3	8.7	70.0
Total	66.7	33.3	100.0	66.7	33.3	100.0
Main activity						
Student	66.7	–	66.7	66.7	–	66.7
Apprentice	–	18.3	18.3	–	19.3	19.3
Worker	–	13.7	13.7	–	7.0	7.0
None	–	1.3	1.3	–	7.0	7.0
Total	66.7	33.3	100.0	66.7	33.3	100.0

demographic and economic characteristics. Frequency distributions and proportions were employed with a view to highlighting how varied the respondents were according to individual characteristics. Through the use of percentages, the univariate analysis was able to provide preliminary answers to some of the research questions.

Bivariate analysis gave a simultaneous examination of two variables using cross-tabulations. The relationships examined included: (1) socio-economic variables and awareness and knowledge of sexual and reproductive rights; and (2) cultural variables and knowledge of sexual and reproductive rights. Chi-square was used to test the association of socio-cultural factors with awareness and knowledge of sexual and reproductive rights and development of adolescents.

## Results and Discussion

All the out-of-school respondents were aged 15–19 years. Eight per cent and 10.7% of in-school adolescents in Ikeja and Ikorodu LGAs respectively were aged 10–14 years, while the others were aged 15–19 years. In Ikeja LGA, the proportions of both male and female in-school respondents were equal (33.4% and 33.3%), while there were 19% male and 14.3% female respondents among the out-of-school respondents (Table 1). In Ikorodu LGA, male in-school respondents were 39.7%, while females were 27.0% because the number of male students in the schools sampled was higher.

Majority of the respondents were never married in both Ikeja (95.7%) and Ikorodu (94.6%) LGAs. While 2.7% were married among in-school and 2% among out-of-school respondents in Ikorodu, only 0.7% in-school and 0.3% out-of-school respondents were married in Ikeja LGA. In both Ikeja and Ikorodu LGAs 0.2% each claimed that they were divorcees among the in-school adolescents.

Greater percentages of the respondents were Christians (70.7% in Ikeja and 67.7% in

Ikorodu), while Muslims constituted 29.3% and 32% in Ikeja and Ikorodu LGAs. Yorubas constituted the greater percentage of the respondents, 65% in Ikeja and 80.3% in Ikorodu LGAs. The Ibos were 25.7% and 12.7% in Ikeja and Ikorodu respectively, while the Hausas among in-school respondents only constituted 0.3% each in Ikeja and Ikorodu LGAs. This is possibly because the two communities were predominantly Yoruba.

Majority of the respondents had attained, or were in, senior secondary classes, 79% in Ikeja and 70% in Ikorodu. Only 11.7% and 12.7% in Ikeja and Ikorodu respectively were in, or had attained, junior secondary classes. Those who did not attend any school were 0.4% and 4.3% in Ikeja and Ikorodu respectively, while 0.6% had Quranic education in both LGAs. Level of education of out-of-school respondents was lower in Ikorodu than Ikeja. Data also reveals that majority of the parents of in-school respondents acquired secondary and post-secondary education. This factor may have contributed to the increased number of in-school respondents. More of the parents of out-of-school respondents residing in Ikeja LGA attained secondary and post-secondary education than those residing in Ikorodu. This may be due to the higher level of development and urbanisation in Ikeja LGA. It may also be the reason that we had more out-of-school respondents who attained higher educational level in Ikeja than in Ikorodu LGA.

About 18.3% and 19.3% of out-of-school respondents in Ikeja and Ikorodu respectively were apprentices, while 13.7% and 7% were engaged in one income-earning job or the other, such as hawking, selling sand, barbing, car wash, cobbling, truck pushing, bus conducting, etc. However, 1.3% and 7% of out-of-school respondents in Ikeja and Ikorodu LGAs respectively were not engaged in any income-earning activity.

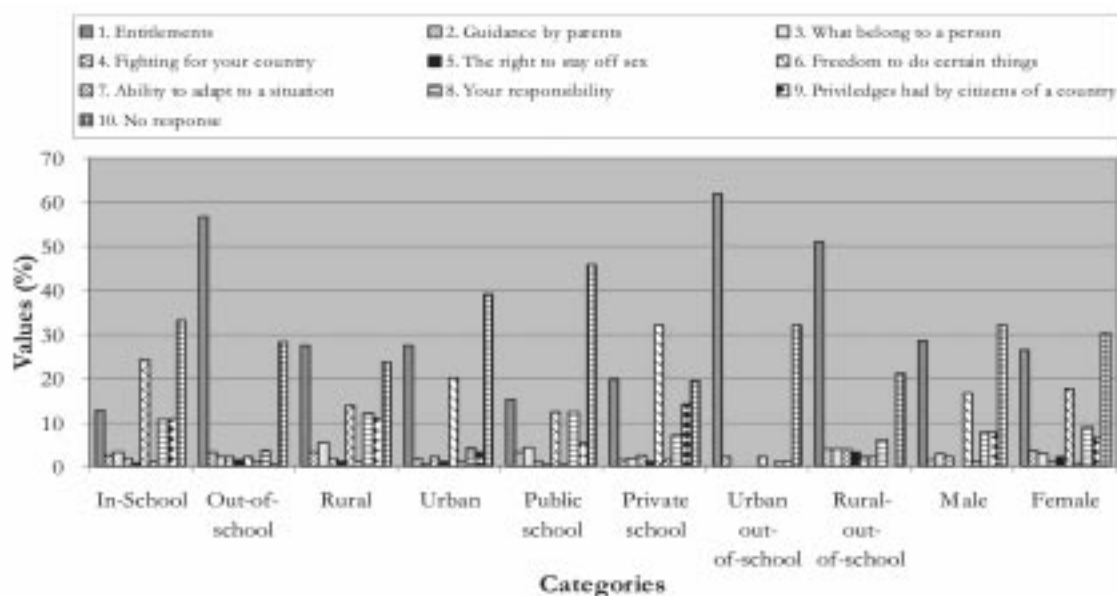


Figure 1 Respondents' Understanding of Rights

### Knowledge of Adolescent Sexual and Reproductive Health Rights

Respondents' understanding of sexual and reproductive health rights varied as shown in Figure 1. A high percentage of the respondents explained the word "rights" to mean entitlements. A greater percentage of out-of-school respondents (56.5%), as compared to 12.8% among in-school respondents referred to right as entitlements. This is probably because the word "right" was translated into the local language for easy understanding by out-of-school respondents. This was followed closely by "freedom to do certain things" by 24.4% in-school, 2% out-of-school, and 13.7% and 20% by rural and urban respondents respectively. Majority of the respondents, however, did not respond to this question.

### Awareness of Adolescent Sexual and Reproductive Rights

On the level of awareness of the rights of adolescents to sexual and reproductive health, 62.5% of in-school and 59.5% of out-of-school

respondents said they were aware of sexual and reproductive rights. A greater number of in-school adolescents, and adolescents residing in rural areas, were aware of adolescent sexual and reproductive rights. However, chi-square statistical analysis revealed no significant difference ( $p < 0.005$ ) between the two genders, despite the fact that a higher number of male respondents were aware of adolescent sexual and reproductive rights. This finding does not support the proposition that adolescent females are more likely to seek information about sexual and reproductive rights than their male counterparts. Further analysis revealed a significant difference in the level of awareness among students in public and private schools, as adolescents attending public schools were more aware of adolescent rights to sexual and reproductive health than their peers in private schools. This may be attributed to the permission granted NGOs to work in public (government-owned) schools; government sees such services as part of social and extracurricular activities to the students.

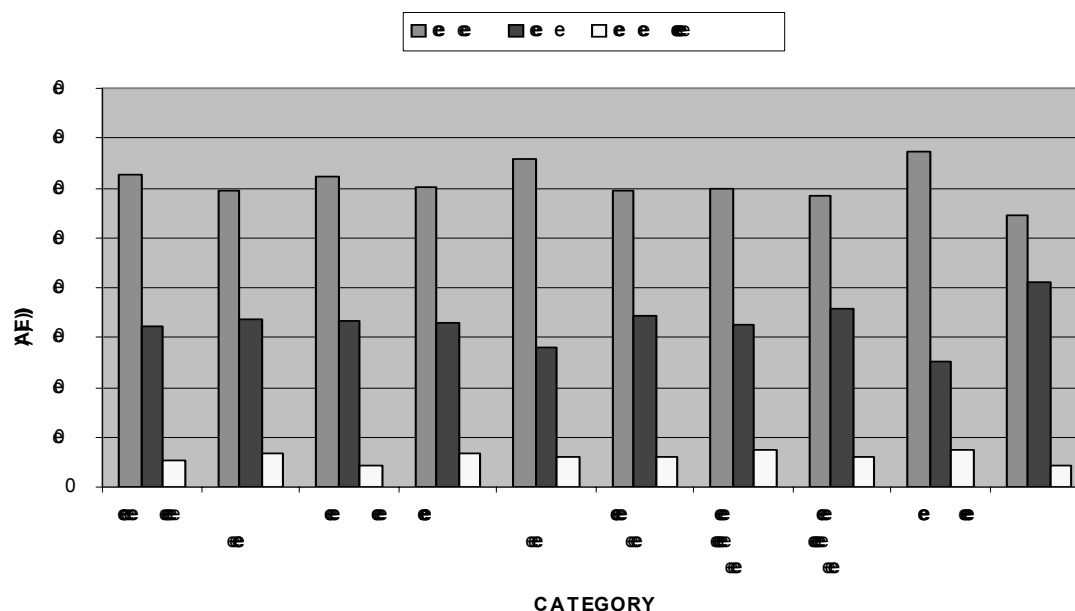


Figure 2 Awareness of Adolescents' Rights to Sexual and Reproductive Health

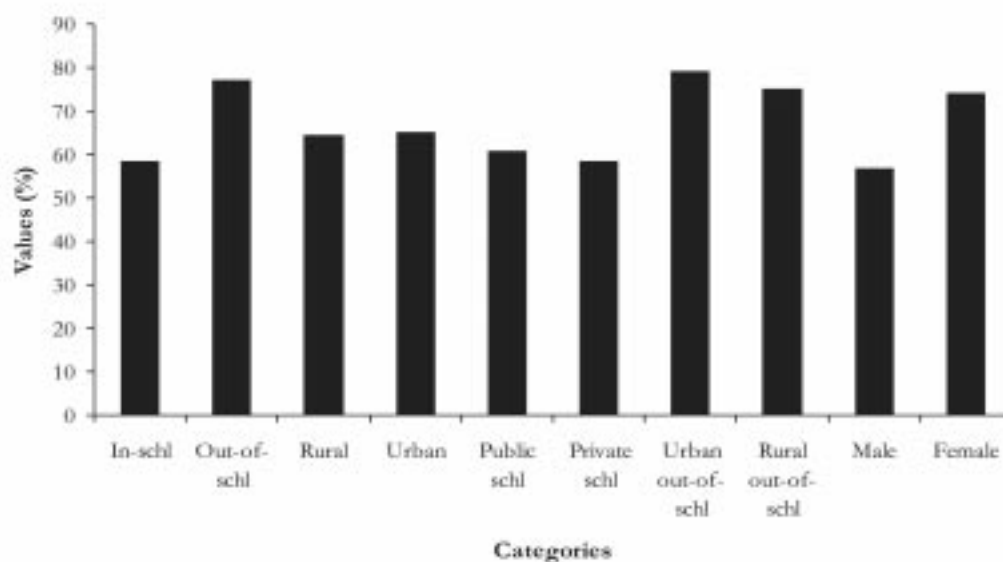


Figure 3 Respondents' Opinion on Lack of Education on Human and Reproductive Rights

Further analysis also revealed that there was significant difference ( $p > 0.005$ ) between the level of awareness of out-of-school adolescents living in urban centres and their counterparts residing in rural areas of Ikorodu LGA. This may

be attributed to various advertisements, talk shows in the media and NGO work with informal sectors in urban centres. A respondent remarked:



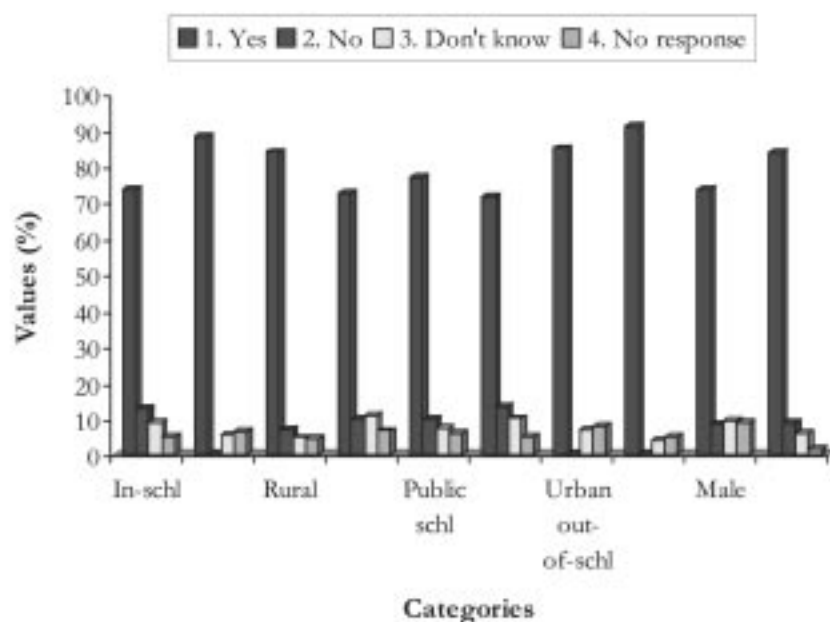


Figure 4 Respondents' Opinion on Sexual and Reproductive Rights and Development

This type of education (sexuality education) has to start from the grassroots (from the village), as not many children attend schools. There are still thousands of people in the rural areas who cannot read and write, so it has to start from the grassroots

Table 2 shows that respondents' understanding of reproductive health varied, although a higher percentage of respondents did not respond to this variable. The respondents referred to reproductive health as childbearing — 22.3% in-school, 29.5% out-of-school, 20.3% in rural and 29% in urban areas. While 13% of in-school and 3% of out-of-school adolescents referred to it as health of reproductive organs, others said it means "to born many children", "being physically sound", "knowledge of body and sexuality" and "the right way of doing things". These responses confirm that the respondents lacked knowledge of what reproductive health is, thus making their claim to know the meaning of sexual and reproductive rights questionable.

A higher proportion of the respondents did not identify any of the rights as their sexual and reproductive health rights, while a higher proportion of out-of-school adolescents residing in urban LGA were able to identify some of the rights. Irrespective of settlement (urban or rural) and schooling status (in-school or out-of-school), there was no significant difference ( $p < 0.005$ ) between these variables and knowledge of what adolescent sexual and reproductive rights are. This may denote that, despite the fact that there was significance difference ( $p > 0.005$ ) in the level of awareness, they had no knowledge of the contents of their rights. This further confirmed their lack of knowledge of reproductive health. FGD participants at a private school in Ikeja LGA answered thus in unison:

No, we have not heard of adolescent sexual and reproductive rights, and we have not participated in programmes related to that either. If we are exposed to such programmes, it would be nice, because we will be educated

about our health and our knowledge will become more superior, and will benefit from it tremendously.

A major factor identified by respondents for their lack of knowledge of reproductive rights is lack of education, 58.5% and 77% of in-school and out-of-school respondents respectively. For rural and urban comparisons, 64.3% of respondents in rural and 65% in urban areas also indicated lack of education. A higher proportion of female respondents (74.1%) than male respondents (56.8%) identified lack of education on human and reproductive rights as reason for their lack of knowledge. This further confirms why larger percentages of respondents

could not identify the contents of adolescent sexual and reproductive rights, hence their non-response. A respondent stated:

Really, before one can claim one's right, it is when you know that it is your right. If you don't know that you have that right, it becomes difficult for you to claim it. So, if the adolescents are not aware that it is their right to get the information, either from their parents, mass media or any other source, if they don't know, they cannot make claim to the right nor from the supposed authority. So people have to know, and the authority has to know that it belongs to some group (rights). Without this it will be difficult to claim.

Table 2 Respondents' Understanding of Reproductive Health (%)

Responses	In-school	Out of-school	Rural	Urban	Public school	Private school	Urban out-of-school	Rural out-of-school	Male	Female
Childbearing	22.3	29.5	20.3	29.0	30.2	16.1	31.0	28.0	22.5	27.0
Health of reproductive organs	13.0	3.0	14.0	5.3	6.3	18.8	3.0	3.0	11.7	7.3
Giving birth to many children without any problem	0.8	15.0	6.0	5.0	0.5	1.8	13.0	17.0	4.9	6.2
To bear more children	5.5	4.0	5.7	4.3	1.8	9.2	4.0	4.0	3.7	6.2
Being physically sound	5.0	13.0	10.0	5.3	4.5	5.0	14.0	12.0	10.8	4.0
Knowledge of body and sexuality	13.5	5.0	9.0	12.3	11.3	15.6	10.0	0	9.0	12.8
The right ways of doing things	0.3	0	0	0.3	0.5	0	0	0	0	0.4
No response	39.8	30.5	35.0	38.3	45.0	33.5	25.0	36.0	37.3	36.1

Table 3 Respondents' Explanation of Reproductive Rights

Responses	In-school	Out of-school	Rural	Urban	Public school	Private school	Urban out-of-school	Rural out-of-school	Male	Female
Reproductive & sexual health	30.8	42.0	33.7	35.3	29.3	36.7	45.0	39.0	45.4	21.9
Voluntary choice in marriage	37.5	56.0	40.7	46.7	37.8	42.2	58.0	54.0	53.4	32.5
Family formation, timing and spacing of children	33.3	49.5	32.7	44.7	36.9	33.0	50.0	49.0	42.9	33.9
Right to have access to full information	42.8	38.5	34.7	48.0	43.7	43.1	45.0	32.0	44.8	37.2
Equality and equity for male and female to enable choice	23.5	25.0	17.0	31.0	25.2	27.5	40.0	10.0	29.0	18.2
Sexual and reproductive security	29.0	45.0	31.0	37.7	28.8	33.0	46.0	44.0	42.3	25.2
Right to privacy and confidentiality	32.0	40.5	28.7	41.0	33.3	35.3	49.0	32.0	44.1	24.1
Right to form an association	33.3	32.0	28.3	37.3	34.2	34.9	40.0	24.0	42.6	21.5

Looking at the socialization process, another respondent remarked:

The truth is that most of our parents themselves were not informed about these until they got married. So outside marriage, they feel embarrassed themselves to call a child and start to lecture. It is not shyness, they don't think of it as necessary. It is what you know that you will explain.

### Adolescent Sexual and Reproductive Rights and Development

Figure 4 shows that majority of the respondents, irrespective of schooling status, condition or type

of settlement, agreed that realising adolescent sexual and reproductive rights would contribute to their development and that of the nation.

Analysis revealed that 73.5% of in-school adolescents, 88% of out-of-school adolescents, 84% of rural residents and 72.7% of urban residents are favourably disposed to positive relationship between sexual and reproductive rights and development. The following were their responses:

Since they know everything about sexuality, even if a boy or girl wants to have sex, they will know what to do so as not to disturb their education or having diseases. It will also allow them to do whatever they want in future.

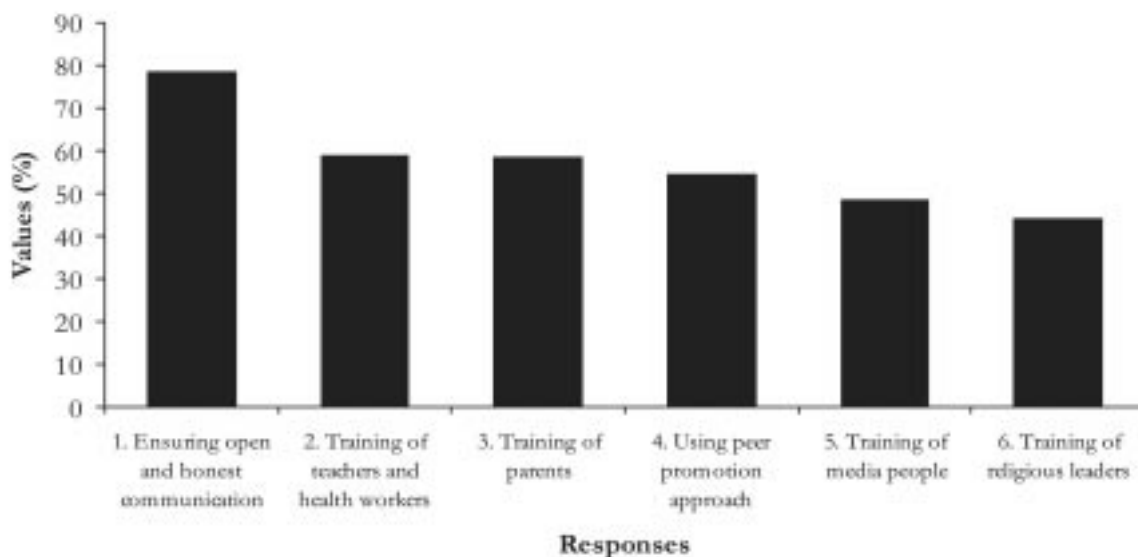


Figure 5 Respondents' Opinion on Strategies for Raising Awareness on Adolescent Sexual and Reproductive Right

Things have changed from the time of our parents. There is violence, rape and cases of unwanted pregnancies everywhere. When they know that their children are exposed to all these hazards, they should educate us to know how to protect and prevent ourselves.

It will be by God's grace. If they hear and know their rights, with the help of government they will be able to exercise it, and it will change and better their future. This will help the youths.

These findings confirm that adolescents do not underestimate the risk of irresponsible sexual behaviour, and contradict the proposition that they would make no efforts to know their sexual and reproductive rights and exercise them. The findings support the findings of UNFPA<sup>19</sup> that reproductive and sexual rights for the individual, whether man or woman, are foundation stones of posterity and a better quality of life for all people. As such, they are absolutely essential to any hope of achieving sustainable development.

### Strategies for Improving Awareness Raising on Adolescent Sexual and Reproductive Rights

Figure 5 shows suggestions on strategies to adopt to raise awareness on sexual and reproductive rights of adolescents. In all 58.7% and 58.5% suggested training of teachers/health workers and parents respectively, while 54.5% were of the opinion that peer promotion approach should be continued and emphasised. A female adolescent from a private school remarked:

I think it should also be made compulsory for our parents to teach us, since it is our rights. If they can make it a right, then it should be made into law. The government should pass a bill to the house about it that our parents should talk about it. Then punishment should follow.

Moise<sup>13</sup> confirmed that informing youth about their sexual and reproductive rights helps them develop responsible sexual behaviour. Some 48.5% and 44% were of the view that media

personnel and religious leaders should be trained on this important issue. In all, 78.5% strongly suggested that open and honest communication about these issues should be ensured. These suggestions will go a long way in alleviating teachers' discomforts with the subject, reducing opposition from traditionalists and religious groups, and the unknown fear of parents and criticisms. The peer education approach will ensure young people's active involvement in advocacy for their own sexual and reproductive rights<sup>13</sup> as well as equip health workers to treat young people. The following view was expressed by youth at Braga Forum in 1998:

We want the following from health professionals: be confidential with us, provide us with information and services we need, accept us as we are, do not moralise or demoralise us, use language or means we understand, ask and respect our opinions about the services, allow us to decide for ourselves, make us feel welcome and comfortable, don't judge us, provide services at the time and within the time frame we have available.

If these voices of the young persons are implemented, it will create a conducive environment. This will empower adolescents to be aware of, knowledgeable about and exercise their sexual and reproductive rights. It will also ensure a promising future for them and make the world a comfortable place for them to live.

## Conclusion

Emphasis has been on sexual and reproductive rights for some years now, especially in relation to adolescents. It is believed that if this were a reality it would be translated into action to reduce the incidence of teenage pregnancies and infection with STDs including HIV/AIDS. Moreover, it is envisaged that development, mostly of females, would be achieved through this means as well as resolving other issues as sexual and

gender violence, etc. One of the ways through which this could be achieved is ensuring access to information and education about sexual and reproductive rights.

This study, which was conducted seven years post-ICPD, revealed that the achievements of the various treaties and agreements signed are far from the reality and expectations. The reasons are obvious. Information and education in this regard have been minimal, resulting in the inability of adolescents to exercise their sexual and reproductive rights.

## Limitations of the Study

This study was conducted in two out of the sixteen LGAs in Lagos State in south-western Nigeria. The assumptions in the study may not apply to target groups of south-western Nigeria generally, as this geopolitical zone consists of six states, out of which only one state has been selected. Further research should be conducted to cover other states in this zone to make the findings more representative. To justify this further, despite the fact that the culture of the people in this region is similar, there are still variations that could have impact on the results of the findings.

Despite the fact that a combination of methods was used in gathering data, the issue of religion was not properly explored to find out the strength of religion in addressing the issue of adolescent sexual and reproductive rights. This is vital, considering how religion is taken seriously amongst the study community.

The findings of the study revealed that the media is a major channel of information dissemination on adolescent reproductive rights, the issue of bias is a major factor that may hinder the usefulness of such information to adolescents.

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